



CONTRACTOR REGISTRATION

(PLEASE PRINT CLEARLY)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____

Office Phone: _____ Fax: _____

Email: _____

License Holder: _____

Trade: _____

License Type: _____

License Number: _____ Exp. Date: _____

Signature: _____

Submit the below items when returning this form:

- A photocopy of all required Licenses.
- Proof of Liability Insurance (the city does not need to be listed as an insured).

Commercial Projects

**Please fill out the below information if you are a contractor assigned to a project.
Without the below filled out, inspections cannot be requested on MyPermitNow (MPN).**

Project Name: _____

Project Address: _____ Suite: _____

MPN Project Number(if available): _____

Email Address: _____

Phone number: _____

Email Form to permits@leandertx.gov

101 E. Sonny Dr., Leander TX 78641
(512) 528-2815